



To: Health Policy Commission, Attn: Catherine Harrison

From: Home Care Alliance of MA

RE: **Proposed Accountable Care Organization (ACO) Certification Standards**

Date: January 29, 2015

The Home Care Alliance of Massachusetts (HCA) welcomes the opportunity to provide comments to the Health Policy Commission regarding the proposed Accountable Care Organization (ACO) Certification Standards. At their essence, ACOs are designed to bring together primary care providers and acute care providers to achieve better outcomes, better patient experiences and to better manage health care costs through new healthcare delivery systems. Clearly management of post-acute care as well as chronic illness is critical to the success of ACOs whether they are serving Medicare, privately insured and Medicaid populations.

In reviewing the documentation standards, we remind HCP that the members of HCA will approach and participate with the states ACOs wearing multiple hats.

While home health traditionally has been – and will under an ACO continue to be – a post acute service, providing care relating to an illness, procedure or hospitalization that supports a patient's recovery and return to function. In the current environment, particularly in some of the federal ACO models, we are seeing creative partnerships with home health providers in “pre or non acute” setting, leveraging home health expertise to more efficiently and effectively manage complex patients while achieving some of the health system's most challenging goals. This very granular insight into the influencing factors of patient's lives and helps physicians engage their patient's to make better healthcare decisions.

Our home care agencies are also LTSS providers. Our members provide long term supportive care in many forms, including support in the home for patients with chronic mental and behavioral health problems. Finally, we are palliative care and end of life care providers.

Relative to the question as to whether the certification criteria address the more important requirements and capabilities an ACO should have to be successful, we commend the HPC for the comprehensiveness of the various domains and the explicitness of the documentation requirements. From a fully supportive position, we offer these comments in a few domains:

Cross Continuum Network: Access to Behavioral Health and LTSS providers

The criteria require that ACOs describe the names and produce evidence of how collaboration occurs with various network provider types. We would like to see a little more specificity around building a post acute and LTSS network that that is: 1) appropriately inclusive of experienced home health providers, and 2) assures some measure of patient choice.

As to the question of what might constitute evidence of appropriate collaboration with post acute and LTSS, we suggest some sort of transparent process of network credentialing that includes written expectations. These could be in such areas as: post hospital discharge workflow, EHR utilization, availability of specialty programs (wound care, palliative care, etc), or level and type of staffing (use of Nurse Practitioners). Evidence might also include a process for greater pre discharge involvement of post acute providers and/or instances of home health RN/ACO MD office staff collaborating to review complex patient cases.

The development of a cross continuum network should also be linked more explicitly with Domain 31 ACO Population Demographics and Preferences. Evidence of network adequacy must include post acute and LTSS providers who are able to meet needs of an ACOs racial and ethnic make-up.

Finally, we support ACOs tracking outcome measures of their home care partners. We suggest that language be included that ACOs not require of partner post acute and LTSS partners data new outcome measure reporting that would add significantly to cost of services but rather be required to use existing federal home health quality measurement collection and reporting .

Flow of Payment to Providers

HCA of MA supports and commends the HPC for including under its documentation requirements participation agreements that describe how participating providers are compensated and how these relate to quality and patient satisfaction goals. Post acute, LTSS and other “downstream providers” hope that this type of reporting assures a methodology for fair allocations of global payments. We would suggest that consideration be given to adding language that supports ACOs moving beyond the traditional fee for service arrangements and encourage more value based or risk based arrangement with its post acute and LTSS providers.

Palliative Care

HCA commends the inclusion of both *palliative care* and end of life planning, as well as the recognition that the success of these programs requires provider training.

Regarding some of the general questions for public comment, we support the two year certification period and having application materials made public.